

CY2015 Non-Uniform Employee Benefits Summary

City of El Paso ~ Benefit Services ~ Bi-Weekly Rates

(915) 212-1275 fax: (888) 504-7142

<http://home.elpasotexas.gov/human-resources/risk-managment/index.php>

EPWU Payroll & Benefits

City Hall 300 N. Campbell

email: insuranceandbenefi@elpasotexas.gov

(915) 594-5533

Plan Year based on CY effective Jan 1 through Dec 31

Reviewed 10/09/2014

MEDICAL BENEFITS - AETNA Inc.

City Account Representative: Gabriela Zuniga (915) 212-1271

(877) 800-8682

www.aetna.com

DocFind Plan Name: Choice POS II (Open Access)	EE Only	EE+1	EE+2 or more	In-Network Description	Out-of-Network Description
High Deductible Plan (CDHP Plan)	\$43.46	\$101.54	\$159.61	\$3,000 Deductible 100% coverage after deductible no co-pays	\$8,000 Deductible 50% coverage after deductible no co-pays
Basic / Core Plan	\$68.30	\$151.26	\$234.24	\$1,000 Deductible 80% coverage after deductible \$20 PCP office visit co-pay \$30 Specialist office visit co-pay	\$3,000 Deductible 50% coverage after deductible
Buy-Up Plan	\$138.93	\$292.67	\$446.38	\$300 Deductible 90% coverage after deductible \$15 PCP office visit co-pay \$25 Specialist office visit co-pay	\$1,000 Deductible 50% coverage after deductible

PRESCRIPTION BENEFITS - MEDCO/EXPRESS SCRIPTS

(800) 711-0917 www.medco.com

90 Day supply available through mail order ONLY and at double the 30 day co-pay for all three plans

Basic - 30 Day Supply	Generic	Brand Preferred (formulary)	Brand Non-prfrd (non-formulary)	CDHP: Rx subject to deductible then covered at 100%. *Co-pays may apply for chronic Rx defined by federal guidelines. ACA preventive Rx at 100%
	\$15	\$30	\$45	
Buy Up - 30 Day Supply	Generic	Brand Preferred (formulary)	Brand Non-prfrd (non-formulary)	*CDHP-30 Day (chronic Rx only)
	\$10	\$25	\$40	

DENTAL & VISION PLANS

City Account Manager: Gib Peña (915) 212-1279

Metlife Co: (800) 880-1800

United Concordia: (800) 332-0366

Block Vision: (866) 265-0517

Metlife Dental	EE Only	EE + 1	EE + 2 or more	This plan is an HMO Dental Plan and Primary Dentist MUST be selected from list of providers. https://mybenefits.metlife.com
	\$4.60	\$8.50	\$10.79	
Concordia Dental with Ortho	EE Only	EE + 1	EE + 2 or more	This is a PPO Dental Plan and in-network provider list available for highest level of coverage. Out-of-Network benefits are subject to Usual and Customary (UCR) rates. Amounts over UCR rates will not be covered and patient can be balance billed by provider (coverage owed by patient). www.ucci.com/tuctcc/clients.jsp?id=206
	\$9.48	\$20.13	\$36.06	
Concordia Dental without Ortho	EE Only	EE + 1	EE + 2 or more	This plan is a PPO Vision Plan and in-network list available for highest level of coverage. Must submit a claim form for out-of-network coverage reimbursement. www.blockvision.com
	\$9.04	\$18.60	\$30.14	
Block Vision	EE Only	EE + 1	EE + 2 or more	
	\$2.44	\$4.27	\$6.35	

LIFE INSURANCE - The Standard

(800) 348-3226

www.standard.com

Basic Life and AD&D	All eligible employees have \$50,000 in Life coverage and AD&D; \$2,000 life cvg for spouse; and \$1,000 life cvg for each eligible dependent child under the age of 26 at no cost to the employee. Employee MUST enroll to receive benefit and designate beneficiaries. Domestic Partner coverage subject to Imputed Income of \$.31
Supplemental Life	Approvals up to \$200,000 are guaranteed for new employees. After 30 days of continuous employment, changes can only be made with a qualifying life event or through Open Enrollment and subject to medical underwriting. Evidence of Insurability application for underwriting process will be required with waiting period of approximately six (6) weeks for an answer from carrier. Plan is age-graded term life policy.

Disability (Short Term Disability) - Trustmark

fax: (508) 853-2757

City Account Manager: Gib Peña (915) 212-1279

www.trustmarkinsurance.com

Deferred Compensation - Prudential

www.prudentialretirement.ondialog.com/el_paso?

Local office: Presi Ortega and Associates (915) 778-2424

(877) 778-2100

EP Fitness	VIP Corporate Account Membership available through payroll deduction for employees and their eligible dependents; no contract; monthly rate of 19.99 + tax (\$10.82 bi-weekly) per member. (915) 534-9090 www.epfitness.com Corp. Accounts Manager: Joseph Bringas cell (915) 694-9286
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Wellness Program	Must be enrolled in City's Health Plan to participate and for employees only 1) Physical component for up to \$75 monthly per Calendar Year; must have medical authorization (alternative available if not authorize 2) Gym Membership Reimbursement: \$10 monthly reimbursement for attending gym facility at least eight times a month 3) Get Active Program: earn reward points by meeting team or individual goals set in a 8-12 week competition
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IMPORTANT INSURANCE INFORMATION

AETNA (877) 800-8682 www.aetna.com

MEDCO, EXPRESS SCRIPTS(800) 711-0917 www.medco.com

- One card will be issued for the medical and prescription plan.
- Prescription plan information is on back of Aetna card and the employee's social security number is the member ID number.
- Bill and payment questions should be directed to Aetna and its representatives.

IT IS THE EMPLOYEE'S RESPONSIBILITY:

- To notify Benefit Services Office of any errors or omissions on their Payroll Deductions. Failure to do so may result in paying back deductions and may affect insurance coverage.
- To notify the City's Benefit Services Office any of the following Qualifying Life Events within 30 days if changes need to be made to your insurance plan:

BIRTH - DEATH - DIVORCE - MARRIAGE - COURT ORDER - LEAVE OF ABSENCE

REDUCTION OF HOURS - LOSS OR BEGINNING OF CHILD DEPENDENCY - LOSS OR BEGINNING OF OTHER COVERAGE

REQUIRED DOCUMENTATION FOR THE FOLLOWING QUALIFYING LIFE EVENTS:

- Adding Dependents: birth certificates (hospital birth facts may be used for newborns) and social security numbers for all dependents
- Adding Spouse: marriage certificate or common-law certificate, social security number and date of birth of spouse
- Dropping Spouse due to divorce: final divorce decree
- Adding or Dropping Domestic Partner: Domestic Partnership Affidavit with required documentation
- Adding or Dropping Coverage Due to Coverage Elsewhere: confirmation notice from other carrier as to effective date of coverage.

Plan Snapshot for summary purposes only ~ Please refer to Medical Booklet and Schedule of Benefits for full information:

<http://home.elpasotexas.gov/human-resources/risk-managment/health.php>

In-Network

Out-of-Network

Features	CDHP	Basic	Buy Up	CDHP	Basic	Buy Up
Individual annual deductible	\$3,000	\$1,000	\$300	\$8,000	\$3,000	\$1,000
Family annual deductible	\$6,000	\$2,500	\$750	\$16,000	\$7,500	\$2,500
Co-insurance paid by plan	100%	80%	90%	50%	50%	50%
Max Individual Out-of-Pocket (OOP)	\$3,000	\$3,000	\$1,800	\$16,000	\$9,000	\$5,500
Max Family Out-of-Pocket (OOP)	\$6,000	\$7,500	\$4,500	\$24,000	\$22,500	\$13,750

Physician Office Visits

PCP Office Visit (general, family, internal, pediatrician)	ded then 100%	\$20	\$15	ded then 50%	ded then 50%	ded then 50%
Specialist Physician Office Visit	ded then 100%	\$30	\$25	ded then 50%	ded then 50%	ded then 50%
Services not included in office visit	ded then 100%	ded then 80%	ded then 90%	ded then 50%	ded then 50%	ded then 50%
Annual preventive care exam	100%	100%	100%	ded then 50%	ded then 50%	ded then 50%

Emergency Medical Services

Emergency room co-pay (waived if admitted)	ded then 100%	\$75	\$75	ded then 50%	\$75	\$75
Hospital co-pay (per admission)	ded then 100%	\$100	\$100	ded then 50%	\$500	\$500
Ancillary hospital charges	ded then 100%	ded then 80%	ded then 90%	ded then 50%	ded then 50%	ded then 50%
Urgent Care Facility	ded then 100%	ded then 80%	ded then 90%	ded then 50%	ded then 50%	ded then 50%

In-Network

Out-of-Network

Pharmacy Benefits - *30 Day	Generic	Brand Preferred (formulary)	Brand Non-Prfrd (non-formulary)	No out-of-network coverage
Basic Plan	\$15	\$30	\$45	
Buy Up Plan	\$10	\$25	\$40	
CDHP Plan	Rx subject to deductible then covered at 100%. *Co-pays may apply for chronic Rx defined by federal guidelines. ACA preventive Rx at 100%			

***90 Day by Mail Order ONLY at double the 30day copay** ; Per federal guidelines, preventive Rx covered at 100%

OOP per federal guidelines will include copays, deductible, out-of-pocket (payment limit) from percentage amounts paid by member

Domestic Partner Bi-weekly rates with Imputed Income

EE and DP combinations	CDHP Plan	Basic Plan	Buy Up Plan
EE Only plus Domestic Partner Adult*	\$43.46 plus \$58.08 and \$124.44 of imputed income	\$68.30 plus \$82.96 and \$124.44 of imputed income	\$138.93 plus \$153.74 and \$124.44 of imputed income
EE+1 plus Domestic Partner Adult*	\$101.54 plus \$58.07 and \$124.48 of imputed income	\$151.26 plus \$82.98 and \$124.48 of imputed income	\$292.67 plus \$153.71 and \$124.48 of imputed income
EE only plus Domestic Partner and child(ren)	\$43.46 plus \$116.15 and \$248.92 of imputed income	\$68.30 plus \$165.94 and \$248.92 of imputed income	\$138.93 plus \$307.45 and \$248.92 of imputed income
EE+1 and EE+2> plus DP and children	Processed same as (EE only) + (DP adult+Children)		

DP rates in addition to before-tax Employee rates. DP portions are on after-tax basis and subject to imputed income